

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
091997277	
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
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26				1		
27				1		
28				1		
29		1		1		
30				2		
31				2		
32				2		
33				2		
34				2		
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36				1		
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42				1		
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49						
50						
TOTAL IND.				5		
TOTAL DEP.				51		
TOTAL CLAIMS				51		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						